

# EMPLOYEE WORK SCHEDULE

Employee Name & ID #: Elisabeth O'Brien

Bureau/Division: DPH / DRUG LAB

Please check one: TO START 9/22/03

☐ REGULAR HOURS 9:00 AM – 5:00 PM

☐ STAGGERED HOURS

☒ FLEXTIME

☐ COMPRESSED WORKWEEK

**Note:** Assistant Commissioner's approval required for initial Employee Flextime and Compressed Workweek. For Flextime and Compressed Workweek requests, Alternative Work Options Form must be completed.

	Monday	Tuesday	Wednesday	Thursday	Friday	Total For Week
Arrival - Departure	7 <sup>00</sup> - 4 <sup>30</sup>	7 <sup>00</sup> - 2 <sup>00</sup>	7 - 4 <sup>30</sup>	7 <sup>00</sup> - 2 <sup>00</sup>	7 <sup>00</sup> - 2 <sup>00</sup>	
Total Hours Per Day	9.00	6.5	9.0	6.5	6.5	37.5

Elisabeth O'Brien  
Employee Signature

08/19/03  
Date

Charles B. Salem  
Supervisor Signature

8/19/03  
Date

Kevin M. O'Connell  
Division/Program Director Signature

8/19/2003  
Date

\_\_\_\_\_  
Assistant Commissioner Signature

\_\_\_\_\_  
Date